

### **Proposal Format**

The proposal must include the following scored components. (Please utilize the Application Checklist provided to ensure submission of a complete application.)

1. **Agency Background, Experience and Capability (10 points)** - Summarize and explain the agency's background, experience and capability to perform the program. The applicant should demonstrate its specific knowledge of issues regarding underage drinking.
2. **Problem Statement/Needs Assessment (20 points)** - Identify the specific problem that you are attempting to impact or correct. Identify the target population and geographic area that the proposed program will address. Provide a summary of existing resources and identify any gaps and barriers in existing services. Provide local supporting data, facts or statistics which substantiate the need for the project.
3. **Goals, Objectives, Activities (25 points)** - State the goal (s) of the program. List clear and measurable objectives to achieve each goal. Provide a program work plan that identifies each objective, along with the major activities, responsible staff and a timeline for implementation.
4. **Partnership/Coalition Building Strategy (5 points)** - Describe the applicant's partnership/coalition building strategy and use of volunteers (if applicable). Include letters of support which demonstrate how supporters would actively contribute or participate in the implementation of the project. Cops in Shops applicants must include the number of retail liquor establishments that will participate in the program and must include letters of intent to participate from these establishments.
5. **Project Management and Staff (10 points)** - Identify the project manager and other individuals who will be directly involved with the implementation of the project. You should indicate if each position will be either full- or part-time positions or the number of hours or percentage of time that will be devoted to the project. The applicant should also demonstrate that its management and staff are qualified and can meet the requirements of the project. You should explain if existing staff or new staff will be used to work on the project.
6. **Program Evaluation (10 points)** - Describe the methods that will be used to measure the progress and assess the impact of the project. You must specify how, when and what type of data will be collected and persons responsible for conducting the evaluation. (Sub-grantees also will be required to collect and report specific project data as required by OJJDP.)
7. **Budget (20 points)** - Include an itemized budget that clearly identifies the cost of each budget category. You should include a budget narrative that provides detailed justification on each itemized cost, how such costs were calculated and why they are necessary to the project. Budgets for Cops in Shops applications may only include costs for overtime salaries for officers who are actually operating in an establishment for the

purpose of the EUDL Cops in Shops program. A copy of the budget detail worksheet is included in the application packet or may be found at:

<http://www.ojp.usdoj.gov/funding/forms.htm>.

**The following must also be included in the proposal:**

8. The applicant must fill out the “Applicant Information” and “Contact Information” forms, found in the application packet. Fill out ALL information requested. If an item is not applicable, fill in “N/A.”
9. The applicant must include, with the application/proposal, a Resolution of Participation from the applicant unit of government (not applicable if a non-governmental agency) and a signed “Application Authorization “ form, both of which can be found in the application packet. If a Resolution is not passed at the time the application is submitted, a sample Resolution must be included.
10. In order to comply with the Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), if the subgrant request is for \$25,000 or more, the applicant must acquire a DUNS # <http://www.dnb.com/us/> and must register with Central Contractor Registration (CCR) <http://www.ccr.gov/>. The Federal Funding and Accountability and Transparency Act Information form included in the Division of ABC application package must also be completed and submitted with the application. This information is required in order for the application to be accepted and reviewed.
11. If the applicant is a non-profit agency, that agency must provide proof that it is properly registered or exempt under the Charitable Registration & Investigation (CRI) Act and that it is in compliance with the Act. Information about Charities Registration may be found at: <http://www.njconsumeraffairs.gov/charity/charhlp.htm>.

**Other Application Requirements**

1. An applicant who is awarded a sub-grant must agree, complete and keep on file, the Immigration and Naturalization Service Employment Eligibility Form (I-9) to verify that persons employed by the applicant are eligible to work in the United States.
2. An applicant who is awarded a sub-grant, is required to review and sign a copy of the General/Special Conditions and Assurances which include details from OJJDP form 4061/6. This form certifies that the applicant will comply with requirements under 28 CFR Part 69, “New Restrictions on Lobbying,” and 28 CFR Part 67, “A Government-Wide Debarment and Suspension (Non-procurement) and Government-Wide Requirements for Drug-Free Workplace (Grants).” Examples of these forms may be found at: <http://www.ojp.usdoj.gov/funding/forms.htm>.
3. An applicant who is awarded a sub-grant is required to provide information regarding the geographic area that the program will address. Specifically, the applicant must provide geographic information containing the following two items of information on the geographic area(s) that the sub-grant recipient will serve in the format below.
  - A. Physical Address: If the mailing address is a P.O. Box, specify the

physical address (es) of the location (s) where the sub-grantee will provide the services. If the mailing address is in a rural area with no street address, include the nearest street intersection. If the sub-grant has multiple service areas, include the required information for each.

(example with street address)

ABC Associates  
123 First Street  
Trenton, NJ 08625

(example with no street address)

ABC Associates  
First Street and Holiday Drive  
Trenton, NJ 08625

- B. Map and street description: Provide a road map (with local detail) with the service area (s) clearly depicted. Include a written description of streets bounding the service area.

**Enforcing the Underage Drinking Laws (EUDL) Block Grant –  
Application Checklist**

Applicant Name \_\_\_\_\_

**Instructions:** The Application Checklist is provided to serve as a guide to ensure the submission of a complete application.

**Submit three copies of the completed application (an original and two copies; original must contain original signatures.)**

**Application:**

\_\_\_ Applicant Information Form

\_\_\_ Contact Information Form

\_\_\_ Application Authorization Form

\_\_\_ Program Narrative

\_\_\_ Description of the Project that includes: Agency Background, Experience and Capability, Problem Statement/Needs Assessment, Goal (s), Objective (s), Activities, Time Line, Partnership/Coalition Building (letters of support/Cops in Shops applicants – letters of intent to participate), Project Management and Staff, Evaluation

\_\_\_ Project Budget Detail Worksheet

\_\_\_ Budget Narrative describing each category of the budget listed on the Budget Detail Worksheet

\_\_\_ Resolution of Participation and Certification Signed and Sealed by Recording Officer (not applicable if a non-governmental agency)

\_\_\_ Federal Financial Accountability and Transparency Act Form (If sub-grant request is for \$25,000 or more)

\_\_\_ Proof of registration or exemption under the Charitable Registration & Investigation (CRI) Act (If a non-profit agency)

**NOTE:**      **ONLY COMPLETE APPLICATIONS WILL BE REVIEWED. IT IS IMPORTANT THAT ALL OF THE REQUIRED ITEMS BE SUBMITTED WITH THE APPLICATION.**

# Budget Detail Worksheet

All required information must be provided. Any category of expense not applicable to your budget may be deleted.

**A. Salaries and Wages** - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

**Name/Position**

**Computation**

**Cost**

**TOTAL** \_\_\_\_\_

**B. Fringe Benefits** - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

**Name/Position**

**Computation**

**Cost**

**TOTAL** \_\_\_\_\_

**Total Personnel & Fringe Benefits** \_\_\_\_\_

**C. Travel** - Itemize travel expenses of project personnel by purpose (e.g. staff to training, field interview, advisory group meetings, etc.). Show the basis of computation (e.g. six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location	Item	Computation	Cost
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**TOTAL** \_\_\_\_\_

**D. Equipment** - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000.) Expendable items should be included either in the "Supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Cost
		<b>TOTAL</b> _____



**E. Supplies** - List items by type (office supplies, postage, training materials, copying paper and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000.) Generally, supplies include any materials that are expendable or consumed during the course of the project.

**Supply Items**

**Computation**

**Cost**

**TOTAL** \_\_\_\_\_

**F. Construction** - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Check with the program office before budgeting funds in this category.

<u>Purpose</u>	<u>Description of Work</u>	<u>Cost</u>
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TOTAL\_\_\_\_\_

**G. Consultants/Contracts** - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

**Consultant Fees:** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimate time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OJP.

<u>Name of Consultant</u>	<u>Service Provided</u>	<u>Computation</u>	<u>Cost</u>
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SUBTOTAL \_\_\_\_\_

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e. travel, meals, lodging, etc.)

<u>Item</u>	<u>Location</u>	<u>Computation</u>	<u>Cost</u>
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SUBTOTAL \_\_\_\_\_

**Contracts:** Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

<u>Item</u>	<u>Cost</u>
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SUBTOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

**H. Other Costs** - List items (e.g. rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

<u>Description</u>	<u>Computation</u>	<u>Cost</u>
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**TOTAL** \_\_\_\_\_

**I. Indirect Costs** - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct cost categories.

<b><u>Description</u></b>	<b><u>Computation</u></b>	<b><u>Cost</u></b>
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**Budget Summary** - When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

<u>Budget Category</u>	<u>Amount</u>
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<b>A. Salaries and Wages</b>	_____
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<b>B. Fringe Benefits</b>	_____
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<b>C. Travel</b>	_____
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<b>D. Equipment</b>	_____
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<b>E. Supplies</b>	_____
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<b>F. Construction</b>	_____
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<b>G. Consultants/Contracts</b>	_____
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<b>H. Other</b>	_____
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<b>Total Direct Costs</b>	_____
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<b>I. Indirect Costs</b>	_____
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<b>TOTAL PROJECT COSTS</b>	_____
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<b>Federal Request</b>	_____
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<b>Non-Federal Amount</b>	_____
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THE OFFICE OF JUVENILE JUSTICE AND DELINQUENCY  
PREVENTION (OJJDP) ENFORCING THE UNDERAGE DRINKING  
LAWS STATE BLOCK GRANT PROGRAM; RESOLUTION APPROVING  
PARTICIPATION WITH THE STATE OF NEW JERSEY DIVISION  
OF ALCOHOLIC BEVERAGE CONTROL PROGRAM

WHEREAS, the Division of Alcoholic Beverage Control (ABC) is responsible for administering the Office of Juvenile Justice Delinquency Prevention (OJJDP) State Block Grant Program Enforcing the Underage Drinking laws;

WHEREAS, \_\_\_\_\_ wishes to apply to  
(Local Agency Responsible for Project)  
ABC for funds in connection with a project entitled \_\_\_\_\_  
\_\_\_\_\_;

WHEREAS, the \_\_\_\_\_  
(Applicant Unit of Government Governing Body)  
has reviewed said application and finds approval thereof to be in the best interests of the municipality/county; and

WHEREAS, said project is a joint project between the State of New Jersey (ABC) and  
\_\_\_\_\_ for the purposes therein described:  
(Unit of Government)

NOW, THEREFORE, BE IT RESOLVED by the \_\_\_\_\_  
(Governing Body)

(1) that as a matter of public policy \_\_\_\_\_  
(Unit of Government)

wishes to participate with the State of New Jersey (ABC) to the greatest extent possible; (2) that the Division of Alcoholic Beverage Control (ABC) be requested to accept said application on behalf of the municipality/county; and (3) that the appropriate fiscal officer will accept the funds in connection with said project from the ABC and make disbursements in accordance with said application.

CERTIFICATION OF RECORDING OFFICER

This is to certify that the foregoing Resolution is a true and correct copy of a resolution finally adopted at the meeting of the \_\_\_\_\_ held on  
(Governing Body of Unit of Government)

the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, and duly recorded in my office; that all requirements of law pertaining to the conduct of said meeting and the passage of this resolution were observed; and that I am duly authorized to execute this certificate.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL \_\_\_\_\_  
(Signature of Certifying Officer)

\_\_\_\_\_  
(Title of Certifying Officer)

## APPLICANT INFORMATION

1. Official Name of Applicant Agency:

2. Type of Agency: \_\_\_\_State \_\_\_\_County \_\_\_\_Municipality \_\_\_\_Non-profit

3. Street Address:

City:                      State:                      Zip Code:

4. Mailing Address (if different from above):

5. Federal ID Number:

6. Web Site:

7. Location:

Rural: \_\_\_\_\_

Suburban: \_\_\_\_\_

Urban: \_\_\_\_\_



## **CONTACT INFORMATION**

### **Primary Contact Person**

1. Name:

2. Title:

3. Address:

City:

State:

Zip Code:

4. Phone Number (with extension):

5. Fax Number:

6. E-Mail Address:

### **Secondary Contact Person**

1. Name:

2. Title:

3. Address:

City:

State:

Zip Code:

4. Phone Number (with extension):

5. Fax Number:

6. E-Mail Address:

### **Chief Financial Officer**

1. Name:

2. Title:

3. Address:

City:

State:

Zip Code:

4. Phone Number (with extension):

5. Fax Number:

6. E-Mail Address:

## APPLICATION AUTHORIZATION

To the best of my knowledge, the information in this application is true and correct, the document has been duly authorized by the governing body of the applicant or other authorized party, and the applicant will comply with all General Conditions and Assurances associated with this program.

The undersigned gives authorization to submit the application to the State of New Jersey, Division of Alcoholic Beverage Control for the following subgrant project:

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(Name of proposed project)

at an estimated cost of \$\_\_\_\_\_.

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(Signature of Project Director/CEO)

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(Title)

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(Date)

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(Print Name of Project Director/CEO)

## Federal Financial Accountability and Transparency Act Information Form

### To be completed by Subrecipient:

1. Agency Name: \_\_\_\_\_
2. City: \_\_\_\_\_ 3. State: \_\_\_\_\_
4. Congressional District: \_\_\_\_\_ 5. County: \_\_\_\_\_
6. DUNS number: \_\_\_\_\_  
(<http://www.dnb.com/us/>)
7. Location of Primary Place of Performance of Project (if different than above):  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Congressional District: \_\_\_\_\_ County: \_\_\_\_\_
8. Central Contractor Registration Completed: Yes \_\_\_\_ No \_\_\_\_  
(<http://www.ccr.gov/>)  
If No, please explain: \_\_\_\_\_

9. The names and total compensation of the five most highly compensated officers of the entity (and parent if owned by another entity) if:
- (i) the entity in the preceding fiscal year received—
    - (a) 80 percent or more of its annual gross revenues in Federal awards; and
    - (b) \$25,000,000 or more in annual gross revenues from Federal awards; and
  - (ii) the public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986.

<u>Officer Name</u>	<u>Total Compensation</u>
#1 _____	_____
#2 _____	_____
#3 _____	_____
#4 _____	_____
#5 _____	_____

10. Signature of Agency Representative: \_\_\_\_\_

### To be completed by Division/SubGrantor:

1. Amount of Award: \_\_\_\_\_
2. Federal: \_\_\_\_\_ 3. Match or State Share: \_\_\_\_\_
4. Award Title: \_\_\_\_\_ 5. Award Number: \_\_\_\_\_
6. Transaction Type: \_\_\_\_\_
7. CFDA Number: \_\_\_\_\_
8. Program Source: \_\_\_\_\_